

BEST AVAILABLE CO

CLAIMS ONLY						Application Number		Filing Date			
						Applicant(s)					
						• May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep		
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
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43		/					93				
44		/					94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep						Total Indep					
Total Depend						Total Depend					
Total Claims						Total Claims					